

Virginia COVID-19 Vaccination Seminar

Virginia Department of Health (VDH)

Oct 8, 2020

Purpose & Objectives

Purpose:

To provide an opportunity for Virginia Emergency Support Team partners to: review the Commonwealth of Virginia COVID-19 Draft Vaccination Campaign Plan, examine and discuss support needed to execute the current vaccination strategy when a vaccine becomes available, and discuss equity in vaccine allocation decisions and identify any gaps not noted in the plan and any decisions that would require senior leadership input.

Objectives:

- Increase stakeholder knowledge of the current COVID 19 Vaccination Campaign Plan and their roles to support execution of the plan upon arrival of COVID vaccines in the Commonwealth.
- Define VEST/partner support needed to counter Preparedness Gap Analysis estimates in accordance with the Draft COVID 19 Vaccination Campaign Plan.
- Assess the VEST Support requirements for the three phases of the Vaccination Campaign Strategy in accordance with the Draft Vaccination Campaign Plan.

Vaccinations Seminar & Tabletop Overview

TODAY: Thu, 10/8,
8:00a-2:00p

Vaccination Plan Seminar

Focus:

- Foundational understanding of the current COVID-19 Vaccination Plan

Wed, 10/14,
8:00a-2:00p

Vaccination Plan Tabletop Exercise

Focus:

- “Red team” exercises to identify (1) gaps in the current Plan and (2) opportunities to improve Plan execution

Outbriefs:

Oct. - Secure
Commonwealth panel
(written)

Nov. - Health & Medical
sub-panel

Focus:

- Brief Cabinet-level leaders on outputs of the exercises, and provide advanced notice of anticipated requests for leadership support

OPENING REMARKS

DR. LILIAN PEAKE

ASSOCIATE COMMISSIONER FOR POPULATION HEALTH
DIRECTOR, OFFICE OF EPIDEMIOLOGY

OPENING REMARKS

CURTIS BROWN

STATE COORDINATOR OF EMERGENCY MANAGEMENT

OPENING REMARKS

DR. JANICE UNDERWOOD

CHIEF DIVERSITY, EQUITY, AND INCLUSION OFFICER

OFFICE OF GOVERNOR RALPH S. NORTHAM

Outline of Today

Topics	Content	Presenter
Welcome & Overview	<ul style="list-style-type: none">• Opening Remarks	Dr. Peake, Curtis Brown, Dr. Underwood
COVID-19 Vaccine Candidates	<ul style="list-style-type: none">• Insights on leading vaccine candidates	Christy Gray & Marshall Vogt
Health Equity	<ul style="list-style-type: none">• Health Equity applications to vaccinations• Building Trust for Vaccinations• Vaccination considerations for Virginians with Disabilities	Sable K Nelson, Dr. Robert Winn, Teri Morgan
Virginia's COVID-19 Vaccination Plan	<ul style="list-style-type: none">• High-level overview of key elements of the plan	Jonathan Kiser, Mike Magner, Marshall Vogt, Stephanie Wheawill, Christy Gray
Partner Agency Roles & Responsibilities	<ul style="list-style-type: none">• Overview of inter-agency coordination	Bob Mauskapf
Vaccine Advisory Workgroup	<ul style="list-style-type: none">• Overview of the purpose, stakeholders, and progress to-date	Christy Gray & Stephanie Wheawill
Next Steps & Closing Comments	<ul style="list-style-type: none">• Next Steps• Closing Remarks	Bob Mauskapf Dr. Oliver

Breaks, including 30 minutes for lunch, will be provided throughout the day.

COVID-19 VACCINE CANDIDATES

MARSHALL VOGT, DIVISION EPIDEMIOLOGIST

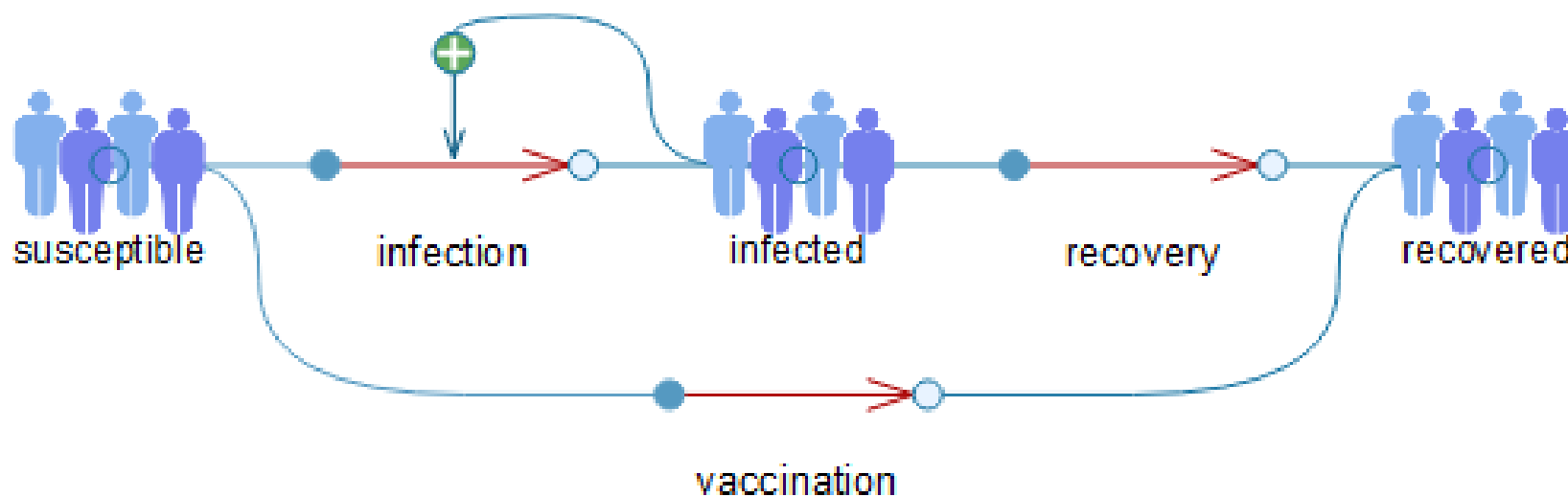
CHRISTY GRAY, DIRECTOR OF THE DIVISION OF IMMUNIZATION

COVID-19: The Case for a Vaccine

- Globally: 35M+ cases and 1M+ deaths
- Extensive stress on healthcare systems, including acute and long term care
- Decrease in routine healthcare visits for preventive care or treatment of long-term health conditions
- Financial impacts of “stay at home” orders, community mitigation strategies
- Mental health impacts due to disruptions in normal routines, added stressors of loss of income/work, increased childcare needs, etc.
- And on...and on...and on...

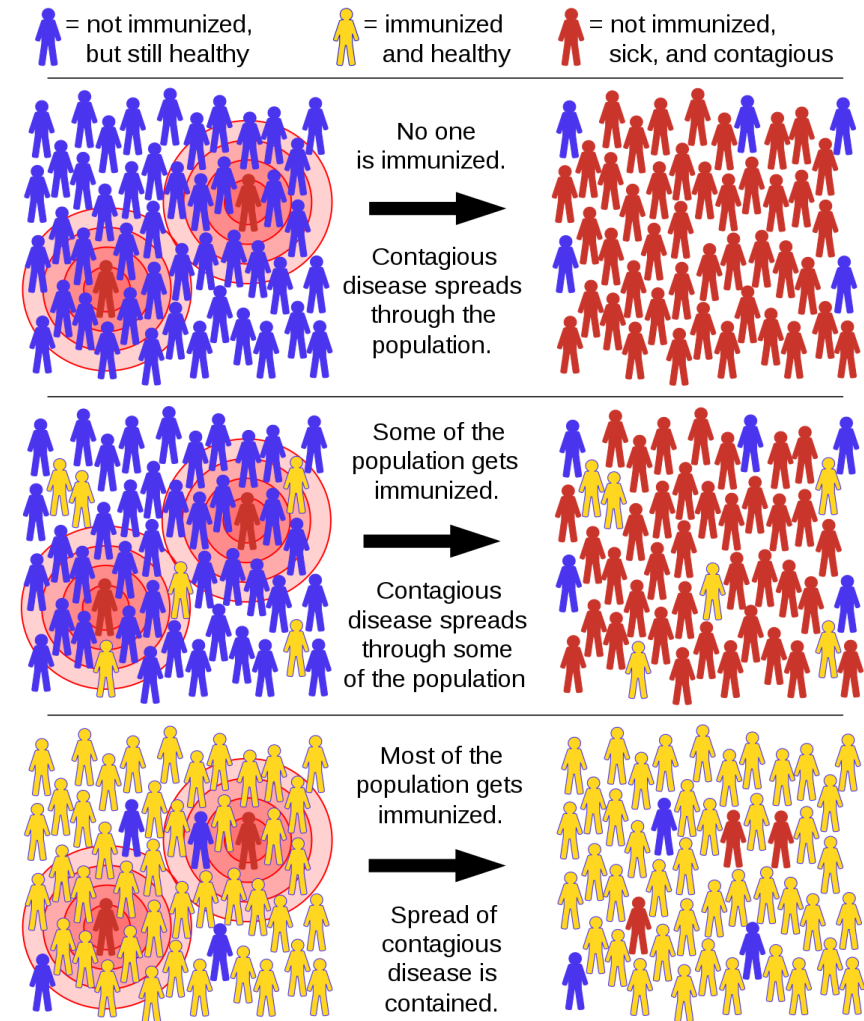
COVID-19: The Case for a Vaccine

- Vaccine reduces the number of susceptible individuals in population
 - Prevents morbidity and mortality due to illness
 - Reduces transmission through herd immunity



Herd Immunity

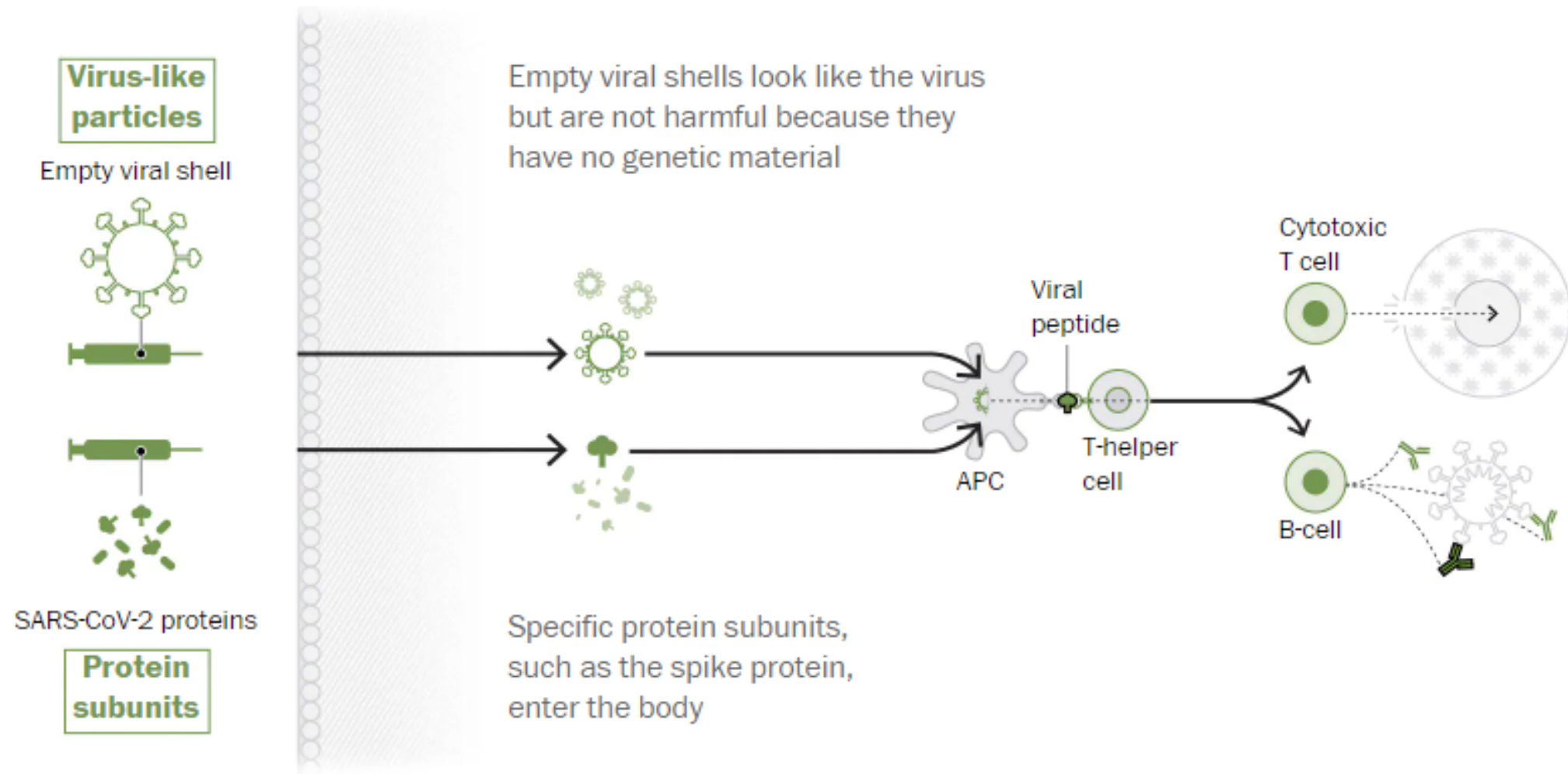
- Decrease in susceptible individuals in population through:
 - Infection, recovery, and immunity
 - Vaccination and immunity
- Proportion of population that must be immunized related to infectiousness of infectious disease



COVID-19 Candidates

- Several different approaches to COVID-19 vaccination:
 - “Traditional” approaches
 - Whole, inactivated or attenuated virus
 - Portion of virus (+/- adjuvant)
 - Modern approaches
 - Viral vector -- virus modified to deliver genetic material (DNA) to human cells that then produce viral protein
 - Genetic -- genetic material delivered directly to human cells that then produce viral protein

COVID-19 Candidates



COVID-19 Candidates

DNA vaccine

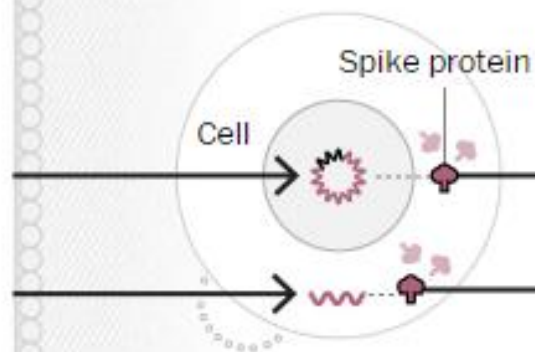
Spike gene on DNA



mRNA in lipid shell

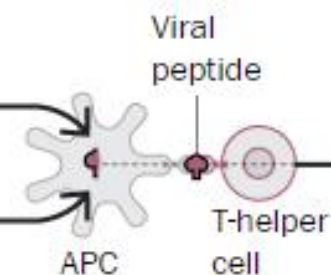
RNA vaccine

An electric pulse allows DNA into the cell's nucleus where it forms mRNA, then creates spike proteins

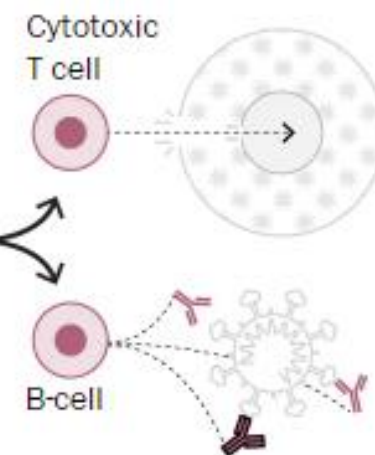


A lipid shell delivers mRNA into the cell, where it is used to produce proteins

Antigen-presenting cells (APCs) consume the viral proteins and pass viral peptides to T-helper cells



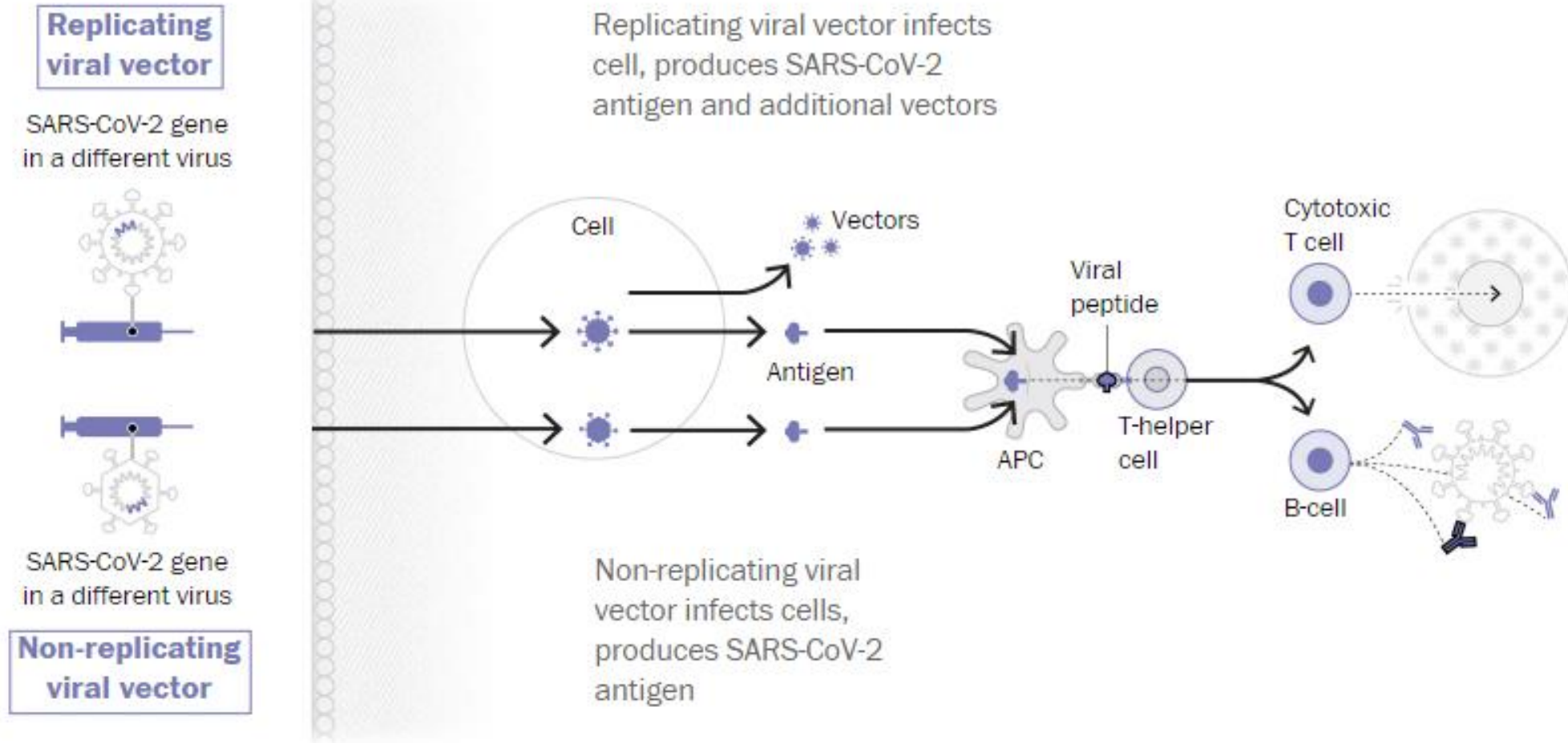
Cytotoxic T cells may eliminate virus-infected cells



Antibodies from B-cells may block the virus



COVID-19 Candidates



COVID-19 vaccine candidates

Company	Type of vaccine	Current stage
Moderna	mRNA	Phase 3
Pfizer/BioNTech/Fosun Pharma	mRNA	Phase 3
Astra-Zeneca	Viral vector (simian adenovirus)	Phase 3
Johnson & Johnson/Janssen Pharmaceuticals	Viral vector (human adenovirus)	Phase 3
Merck, Sharpe & Dohme	Viral vector (recombinant VSV)	Phase 2

Adapted from: <https://jamanetwork.com/journals/jama/fullarticle/2768155>

Updated by: <https://www.washingtonpost.com/graphics/2020/health/covid-vaccine-update-coronavirus/>

COVID-19 Vaccine Complexities

- Cold Chain
 - Normal vaccines require roughly “normal” refrigerator/freezer temperatures during transport and storage
 - Some new COVID-19 vaccine candidates will require ultra-cold (as low as -70°C) temperatures for transport and storage
- Storage
 - Shelf life of COVID-19 vaccines may be far less than that of traditional vaccines
- Dosing/Spacing
 - Vaccines will not be interchangeable
 - Some vaccines will require two doses



COVID-19 VACCINE CANDIDATES Q&A

MARSHALL VOGT, DIVISION EPIDEMIOLOGIST

CHRISTY GRAY, DIRECTOR OF THE DIVISION OF IMMUNIZATION

BREAK

PLEASE RETURN AT 9:05

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HEALTH EQUITY

SABLE K NELSON, ACTING DIRECTOR, OFFICE OF HEALTH EQUITY

DR. ROBERT WINN, SENIOR ASSOCIATE DEAN FOR CANCER INNOVATION AT THE MASSEY CANCER CENTER

TERI MORGAN, EXECUTIVE DIRECTOR OF THE VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

Prioritizing Health Equity

VDH/VDDEM
Vaccine Exercise

October 8, 2020





Sable K. Nelson Dyer, JD

(Pronouns: she, her, hers)

*COVID-19 Virginia Emergency
Support Team (VEST) Health
Equity Working Group Chair*

Acting Director, Office of Health
Equity

Division Director, Multicultural
Health & Community Engagement
Office of Health Equity

How/Why COVID-19 Exacerbates Health Inequities



Health Equity Working Group (HEWG)

- Identify and prioritize resources, issues and decision points impacting marginalized and at-risk individuals and communities.
- Support intentional inclusion of the needs of at-risk and marginalized individuals and communities within each working group related to preparedness, mitigation, response, and recovery.

Apply Health Equity
Lens to VA's
COVID-19 Response

Proactively

Reactively

Health Equity Working Group (HEWG) Leadership Taskforce

Governor's Office	VDH	VDEM
Janice Underwood, PhD Chief Diversity Officer Office of Governor Ralph S. Northam	Sable K. Nelson Dyer, JD Chair Unified Command Health Equity Acting Director Office of Health Equity Virginia Department of Health (VDH)	Curtis C. Brown State Coordinator Virginia Department of Emergency Management (VDEM) Lauren R. Powell, MPA, PhD National Health Equity Leader

Health Equity

When all people and communities have the opportunity to attain their full potential and highest level of health

(CommonHealth ACTION, Braveman and Gruskin, 2003).

Equality \neq Equity

Equity



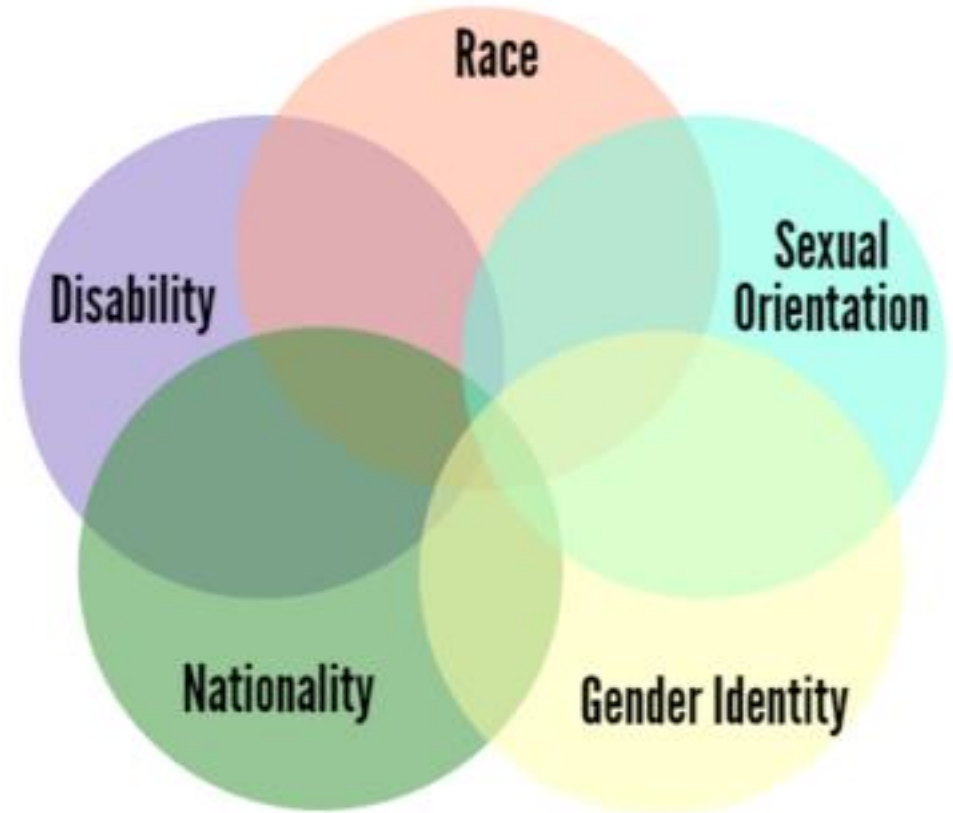
Equality



<http://www.vdh.virginia.gov/health-equity/definitions/>

Intersectionality

- Consider the multiple social identities each individual embodies
- In order to help the most Virginians, our approach to vaccination must include this perspective as well.



A few equity considerations in vaccination

- Mistrust and skepticism
- Cost/ Insurance coverage
- Messaging (Messengers + Messages)
- Distribution of resources
- Accessibility/modalities of distribution
- Literacy/ESL

HEALTH EQUITY

DR. ROBERT WINN, SENIOR ASSOCIATE DEAN FOR CANCER INNOVATION AT THE MASSEY CANCER CENTER

Addressing Disparities:

“*When values are strong, rules are unnecessary. When values are weak, rules are insufficient.*”

Donald Berwick, M.D., Former Director of CMS

HEALTH EQUITY

TERI MORGAN, EXECUTIVE DIRECTOR OF THE VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

Virginia Board for People with Disabilities (VBPD)

The Commonwealth's Developmental Disability Council

COVID 19 Vaccination Seminar October 8, 2020

Teri Morgan, MBA/HCM
Executive Director

COVID 19 Vaccination Seminar

1. Vaccine Skepticism
2. Demographics & Access
3. Accessibility & Communication

Vaccine Skepticism

“When a coronavirus vaccine becomes available, will it be met with a roaring ovation, like the polio vaccine, or communal yawning, like the measles shot? Or some strange hybrid of the two?”

Daily Beast
August 15, 2020

Vaccine Skepticism

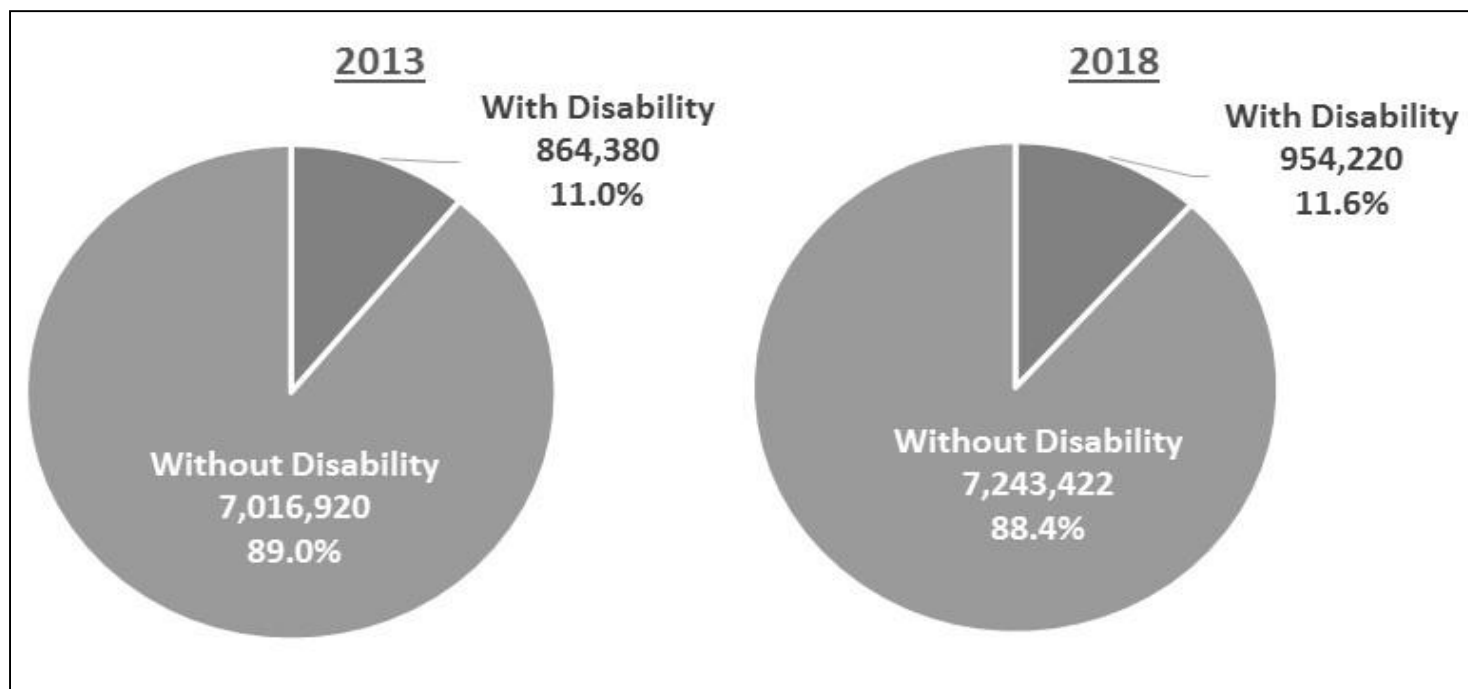
Successful vaccination campaigns rely heavily on trust in those who sell, recommend and administer the medicines.

Questions I've heard:

- Are there circumstances in which a vaccine will not be recommended (e.g. due to disability, comorbidity)?
- How will I know that a vaccine is safe for me?

Demographics & Access

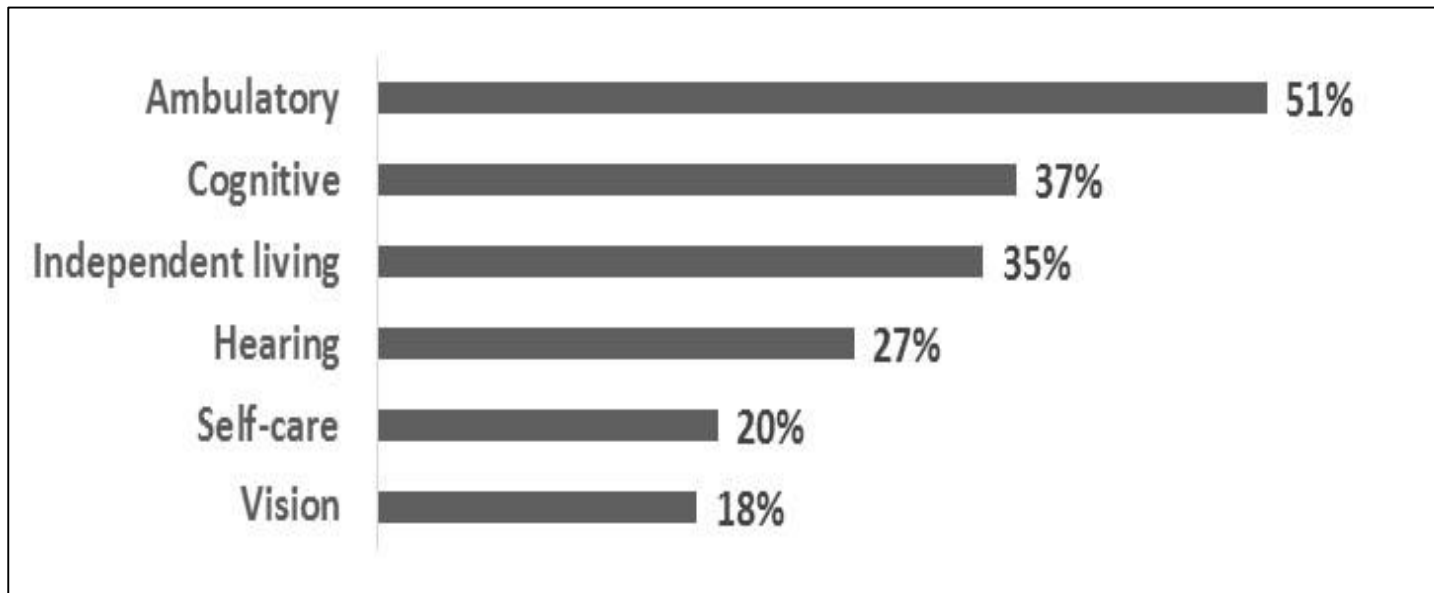
The **population of people with disabilities in Virginia has increased**. There were over 864,000 Virginians with disabilities in 2013, accounting for 11 percent of the Commonwealth's population. That number had grown to **over 954,000 by 2018, accounting for 11.6 percent of the Commonwealth's population**.



Source: 2018 American Community Survey.

Demographics & Access

Ambulatory difficulties are reportedly the most common type of disability, with about half of Virginians with disabilities reporting one. Vision difficulties are reportedly the least common type of disability, with about 18 percent of Virginians with disabilities reporting one.



Source: 2018 American Community Survey.

Demographics & Access

"**Developmental disability**," as defined in federal law, is a severe, chronic, often lifelong disability that causes substantial limitations in several major life activities such as: self care, receptive and expressive language, learning, mobility, self-direction, the capacity for independent living, and economic self-sufficiency.

It is attributable to a mental, emotional, sensory, and/or physical impairment that is apparent before the age of twenty-two. People with developmental disabilities often need a combination of special services, support, and other assistance that is likely to continue indefinitely.

Demographics & Access

Research has shown that people with developmental disabilities are at significantly higher risk of dying from COVID-19 than others.

(Source: Disability Health Journal, July 2020)

Demographics & Access

Identifying individuals with intellectual and developmental disabilities in congregate settings, **and the essential employees who serve them**, for priority access to safe and tested vaccines will protect these individuals, their families, and the community at large.

Demographics & Access

This includes:

People with disabilities living in **group homes, state run Intermediate Care Facilities** for Individuals with Intellectual and Disabilities (ICF/IIDs) and **private/community based ICF/IIDs**.

These settings should be included in the estimate of critical populations in jurisdictions.

Accessibility & Communication

Convert public materials to “**Easy Read**” plain language format so they are accessible for people with intellectual disability or cognitive impairment.

Include captions for images used within documents or on social media. Use images that are inclusive and **do not stigmatize disability**.

Accessibility & Communication

Ensure that all sites providing testing and vaccination services related to COVID-19 are completely accessible. For example:

- Drive Thru Sites: Minimum clearance for wheelchair-accessible vans to approach and pass through the site is 8 feet and 2 inches high.
- For individuals who use wheelchairs to exit their vehicles at the drive-thru site (if instructed to do so), there needs to be an access aisle (clear space) alongside the vehicle.
- Ensure pathways are even and clear from obstruction.
- Walk-up services for people who cannot arrive onsite aboard a vehicle. For example, some people who are blind would walk to a temporary medical site, especially if drivers are scarce.

Accessibility & Communication

Providers should have training and resources on disability etiquette. For example:

- Communicate directly with the individual.
- Use plain language when explaining things, whether spoken or written.
- Allow extra time, and don't rush or interrupt.
- For people who are blind or have low vision, ask permission to touch the person, and let them know when you're reaching out to them and handing them something.
Providers can also learn human guide techniques in order to assist someone from their vehicle to another onsite location, if applicable.

Accessibility & Communication

Successful Communication with People with Disabilities

Federal law requires covered entities—like COVID-19 testing centers and other medical facilities—to ensure their staff communicate effectively with people with disabilities. There are many types of disabilities—some visible, some invisible—and each individual person has their own unique needs and preferences. The best thing to do is ask a person how you can support them during the testing process. Below are tips and guidelines to help you communicate effectively.

Steps for Success

- 1. Introduce yourself.** Say, "Hello, my name is _____ and I'm here to help you. I'm sorry you're not feeling well. We'll do a quick and easy test to find out whether you have COVID-19. I'm a (name your job). I look different from the picture on my badge because (I'm wearing PPE to stay healthy, keep others safe, etc.)."
- 2. Explain the situation.** Clearly and simply explain how you will give them the COVID-19 test, and why it is important. Explain when test results can be expected and how they will receive the results.
- 3. Ask about preferences.** Ask if the person has any requests for how you give them the test. Do they need help with anything?
- 4. Get permission.** Ask for permission before you administer the test.

General Tips for Success

Clarity. Keep your directions clear and simple. Speak slowly and explain when the process will be over. Avoid phrases that have more than one meaning, like "this line is flying by," as these can be confusing.

Patience. Be patient and repeat instructions or questions multiple times if you need to.

Listen. Give people time to talk and don't be afraid to ask for clarification if you need it. If you don't understand what someone is saying, try asking "yes" or "no" questions.

Respect. Talk to the person first, not the companion or attendant, unless requested. For example, if someone is using an American Sign Language (ASL) interpreter, look at the person and not the interpreter.

Tone. Remember, people meet the emotional tone you set, so smile, stay calm, and be friendly.

Accessibility & Communication

Tips for Specific Situations

If a person has a **mobility impairment**, ask if they would like any assistance.



If a person has a **vision impairment or is blind**, there is no need to shout. Explain each step before you do it.



If a person has a **service animal**, don't pet or interact with the animal.



Intellectual Disabilities & Autism

Time. Give extra time for the person to process what you are saying and to respond.

Simple. Use short words and sentences and provide accurate, honest information. Sometimes pictures and objects can help to illustrate your words—point to your ID picture as you say who you are and point to any protective equipment as you speak about it.

Reassure. Repeat reassurances. For example, "You may feel afraid. That's ok. We're going to give you this test to see if you're sick and help you feel better."

Social. Sometimes people may behave differently than you expect. They may look at you at an odd angle, laugh or giggle inappropriately, or not seem to take the situation seriously. Don't interpret these behaviors as deceit or disrespect.

Deaf or Hard of Hearing

Establish **eye contact** with the person, not the interpreter.

Offer **pencil and paper**, write slowly, and let the individual read as you write. Keep instructions simple and in the present tense.

Some people who are Deaf or hard of hearing communicate using ASL. You may need to have a **qualified interpreter** on site.

If you **can't get an interpreter**, you can use Video Remote Interpreting (VRI). Think of it like using FaceTime or Skype to access an interpreter. For more about VRI, [visit this website](#):

Testing sites can **contract for VRI services** to be provided by appointment or to be available on demand.

For more information, you can check out the Project REDD
"[Tips for First Responders](#)" developed by Texas A&M.

Accessibility & Communication

A face mask can prove very challenging for those who are deaf and hard of hearing, as they are unable to read the lips or see the faces of the people they are talking to. Clear face masks make communication more accessible. Consider principles of “Universal Design”.



Resources

[The COVID-19 Pandemic and People with Disabilities, *Disability Health Journal*, July 2020](#)

[ADA Fact Sheet: Accessibility and drive-thru Medical Sites](#)

[Disability Considerations During the COVID-19 Outbreak, *World Health Organization*](#)

[Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, *Association of University Centers on Disabilities*](#)

Thank You!



HEALTH EQUITY Q&A

SABLE K NELSON, ACTING DIRECTOR, OFFICE OF HEALTH EQUITY

DR. ROBERT WINN, SENIOR ASSOCIATE DEAN FOR CANCER INNOVATION AT THE MASSEY CANCER CENTER

TERI MORGAN, EXECUTIVE DIRECTOR OF THE VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

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VIRGINIA'S COVID-19 VACCINATION PLAN

PLANNING ASSUMPTIONS AND ORGANIZATION (SECTION I, PG. 6)

JONATHAN KISER, STATE PLANNING AND SNS COORDINATOR

VACCINE CAMPAIGN STRATEGY (SECTION III, PG. 22) &

VACCINE PRIORITY GROUPS (SECTION V, PG. 30)

MIKE MAGNER, CENTRAL REGION EMERGENCY COORDINATOR

VACCINE INFORMATION SYSTEMS AND REPORTING (SECTION IV, PG 26) &

VACCINE DISTRIBUTION AND ORDERING (SECTION IX, PG. 42)

CHRISTY GRAY, DIRECTOR, DIVISION OF IMMUNIZATION

WORKFORCE READINESS AND PROVIDER OUTREACH (SECTION VI, PG. 32)

STEPHANIE WHEAWILL, DIVISION OF PHARMACY SERVICES DIRECTOR

VACCINE SAFETY MONITORING (SECTION XV, PG 55)

MARSHALL VOGT, SENIOR EPIDEMIOLOGIST

PLANNING ASSUMPTIONS AND ORGANIZATION

(SECTION I, PG. 6)

Key Planning Assumptions

- Many details pertaining to a vaccine for SARS-CoV-2 are still under development.
- VDH continues to receive updates from CDC/HHS and Operation Warp Speed regarding vaccination efforts and is incorporating this guidance into Virginia's plan.
- VDH maintains robust public health emergency response plans, including mass vaccination plans.
- Virginia's local health districts exercise mass vaccination plans routinely and are doing so again this fall as part of our ongoing preparedness efforts for seasonal influenza.

Key Planning Assumptions

- Limited COVID-19 vaccine doses may be available by early November 2020, but assuming a safe, effective vaccine(s) is developed, COVID-19 vaccine supply will increase substantially in 2021.
- Initially available COVID-19 vaccines will either be approved as licensed vaccines or authorized for use under an Emergency Use Authorization (EUA) issued by the U.S. Food and Drug Administration (FDA).
- For most vaccines, two doses of COVID-19 vaccine, separated by either >21 or >28 days, will be needed for immunity, and second-dose reminders for patients will be necessary. Both doses will need to match each other (i.e., be the same vaccine product).

Key Planning Assumptions

- The federal government will issue guidance on groups to prioritize for initial COVID-19 vaccination. Populations of focus for initial COVID-19 vaccination will likely be:
 - Critical workforce that provides healthcare and maintains essential functions of society
 - Staff and residents in long-term care and assisted living facilities
- To receive and administer COVID-19 vaccine and ancillary supplies, vaccination providers must enroll in the United States Government (USG) COVID-19 vaccination program, coordinated through the VDH Division of Immunization.

Key Planning Assumptions

- COVID-19 vaccine and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers.
- Ancillary supply kits will include needles, syringes, alcohol prep pads, COVID-19 vaccination record cards for each vaccine recipient, and a minimal supply of PPE, including surgical masks and face shields, for vaccinators.
 - Each kit will include supplies needed to administer 100 doses of vaccine.
 - For COVID-19 vaccines that require reconstitution with diluent or mixing adjuvant at the point of administration, separate mixing kits will include additional necessary syringes, needles, and other supplies for this purpose.
 - Sharps containers, gloves, bandages, and other supplies will not be included.
 - Ancillary kits will ship to coincide or arrive just before shipments of vaccine.

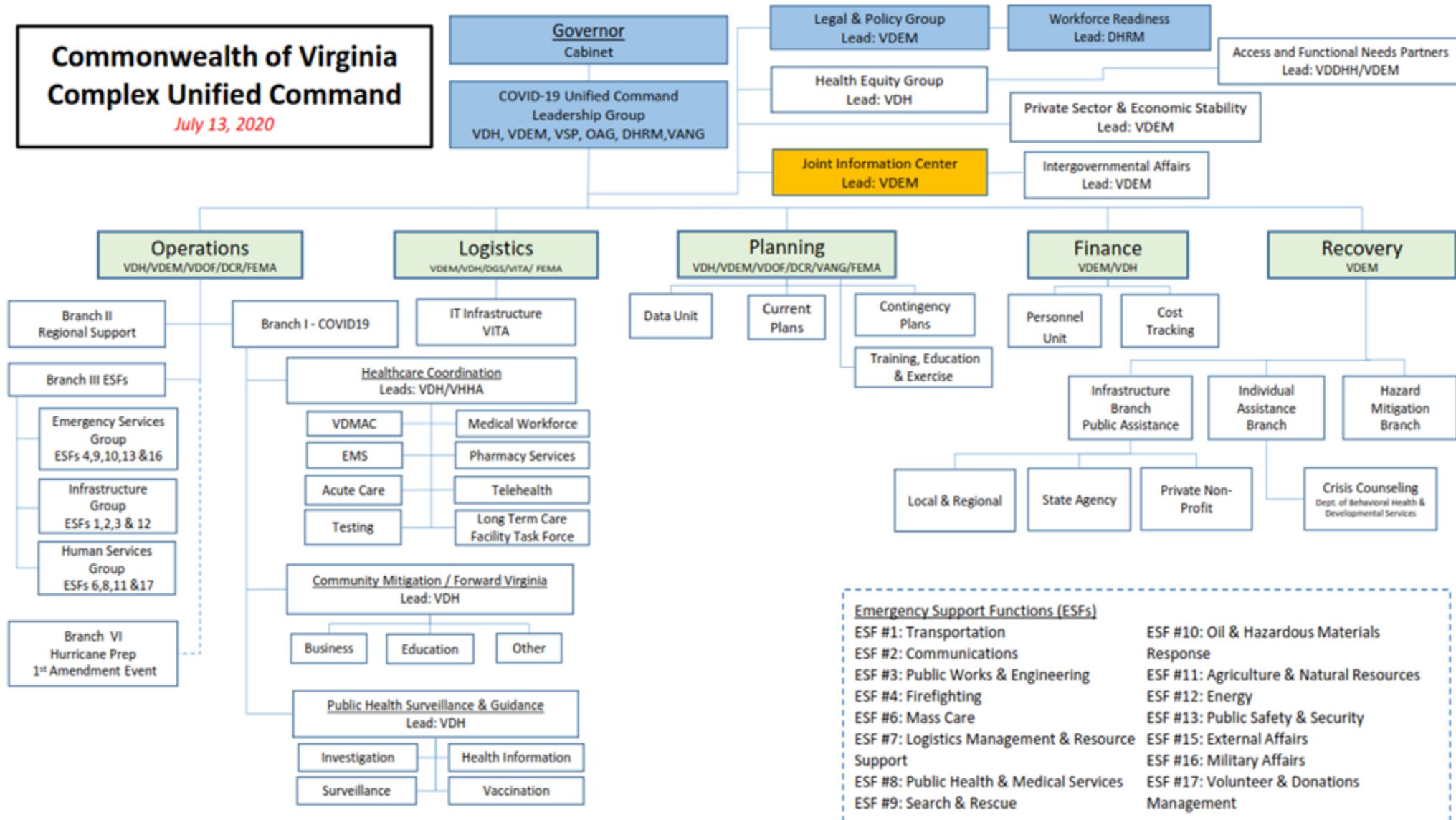
Key Planning Assumptions

- Additional PPE will be needed and demand will vary based on vaccination site.
 - Unified Command has approved a funding request to support PPE for public health vaccination efforts. This PPE will be provided through the existing PPE distribution model.
- Additional resource needs include:
 - Equipment
 - Ancillary Supplies
 - Local Health District PODs
 - Warehousing and Shipping
 - Communications Campaign

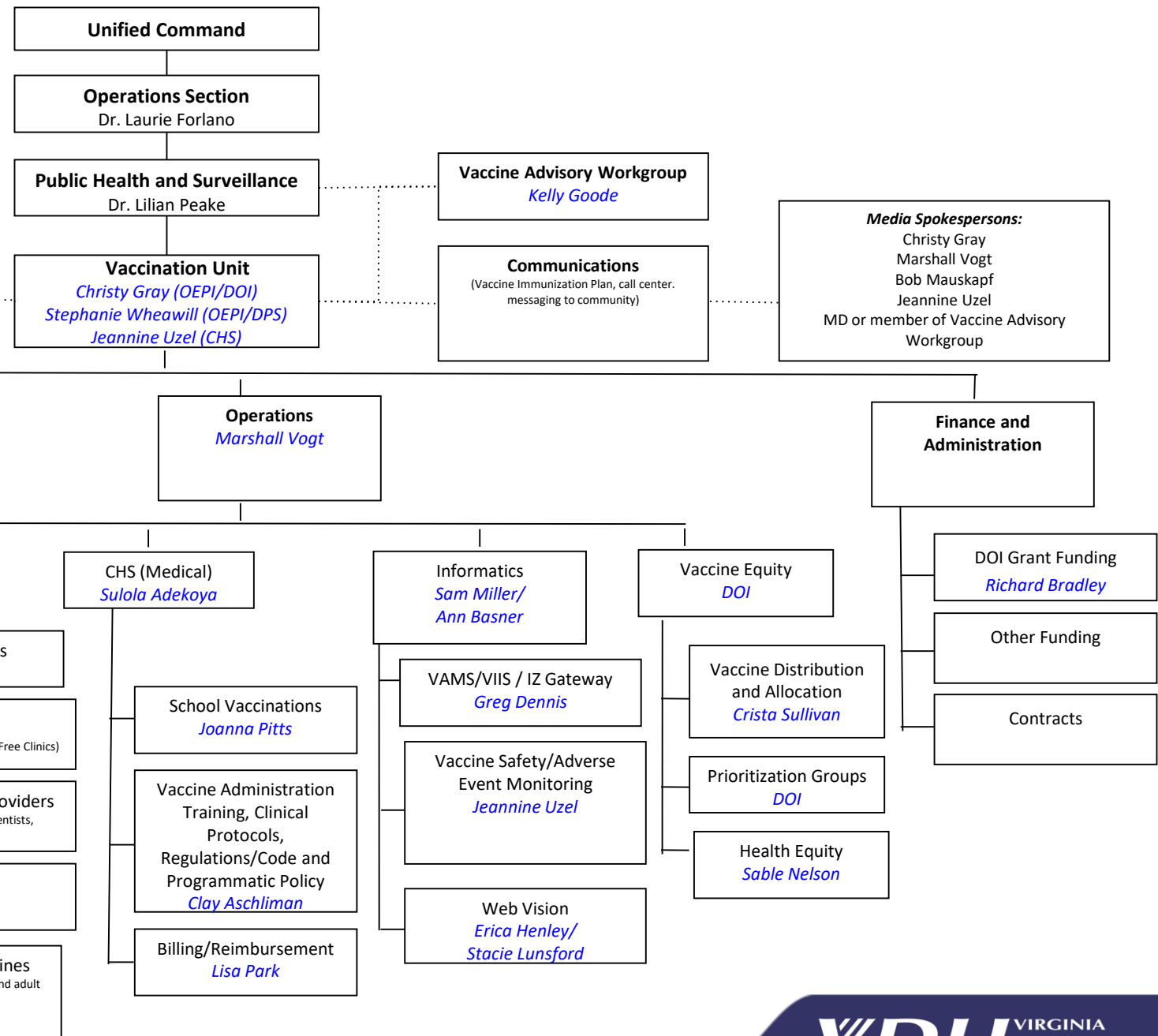
Incident Objectives

- **TESTING:** Further develop and implement a sustainable infrastructure that supports public health and private sector SARS-CoV-2 testing strategies.
- **SURVEILLANCE AND INVESTIGATION:** Continue to conduct surveillance, case investigation and contact tracing to contain the spread of SARS-CoV-2.
- **COMMUNITY MITIGATION:** Based on review of public health data, continue to evaluate the need for implementation of community mitigation strategies (e.g. face coverings, physical distancing, etc.) in communities experiencing moderate-substantial community transmission. Continue to provide public health consultation on plans to implement risk mitigation strategies in community settings.
- **BEHAVIORAL AND MENTAL HEALTH:** Develop and support strategies that mitigate the impact of stressors on the public and healthcare providers/first responders (i.e. deteriorating health of self, loved one, or patients; job loss; disruption in daily activities).
- **MEDICAL SURGE:** Continue to support and refine medical surge plans in collaboration with hospitals, long-term care facilities, correctional facilities and other congregate settings.
- **MEDICAL COUNTERMEASURES:** Develop a plan and prepare for the statewide distribution of and dispensing of COVID-19 vaccines (and /or other medical countermeasures, e.g. antivirals).
- **RESOURCE MANAGEMENT:** Maintain and adapt strategies to ensure supplies of goods and services can meet an evolving demand environment. (i.e. new community spread or a second wave). Commence stockpiling of PPE, laboratory testing equipment, vaccination ancillary supplies and/or other medical goods for future response.
- **PUBLIC COMMUNICATIONS:** Develop and implement appropriate communications and media campaign strategies to inform the response of partners and the general public (i.e. provider training, business planning, getting tested, wearing a mask/social distancing, and vaccination).
- **OPERATIONAL FLEXIBILITY:** Be prepared to respond simultaneously to additional threats to include hurricanes and other weather related events in the SARS-CoV-2 environment.
- **RECOVERY:** Return economic, employment and business activities to a healthy state and restore and improve health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.

COVID-19 Organizational Chart



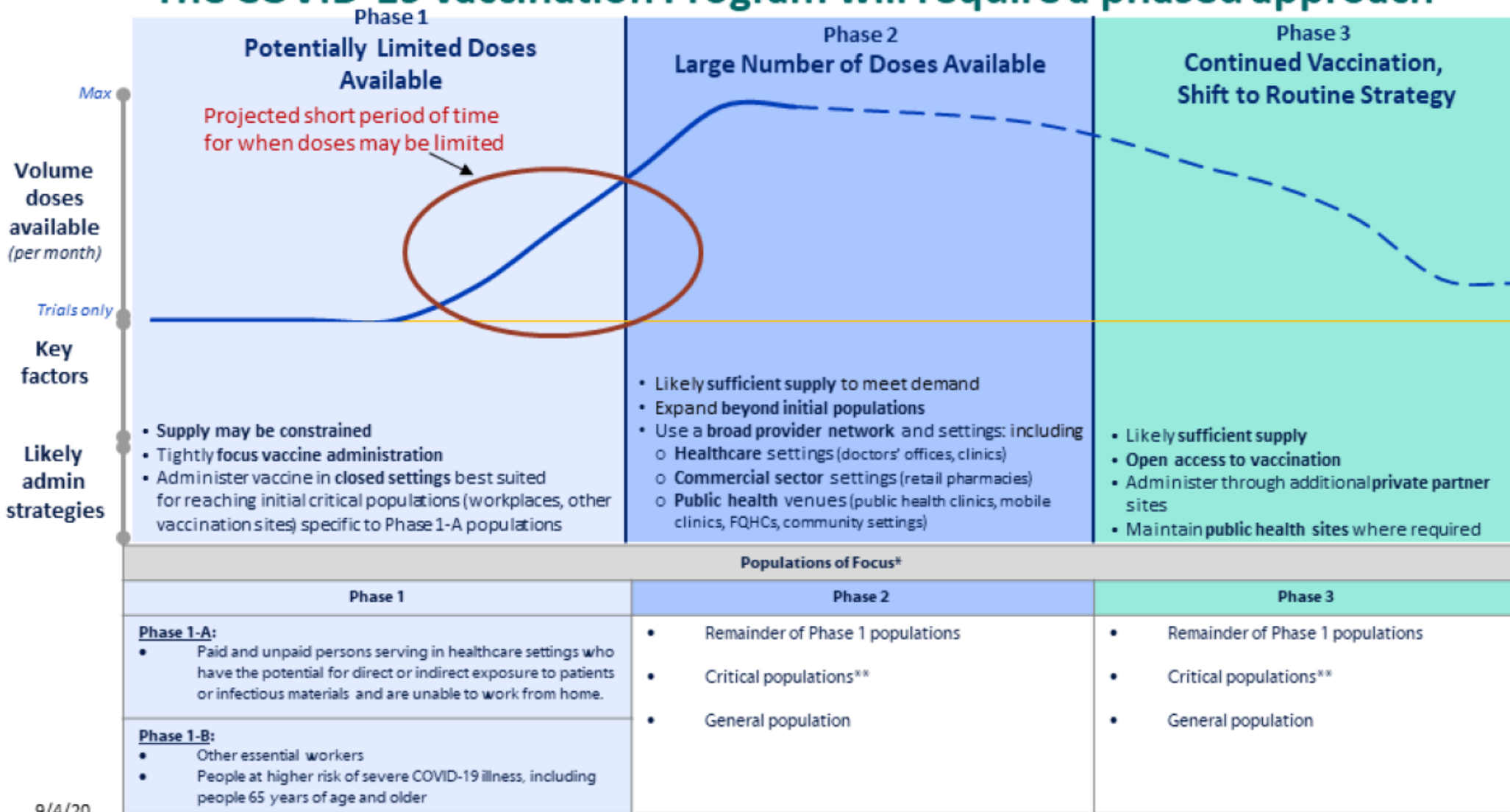
Vaccination Unit



VACCINE CAMPAIGN STRATEGY

(SECTION III, PG. 22)

The COVID-19 Vaccination Program will require a phased approach



9/4/20

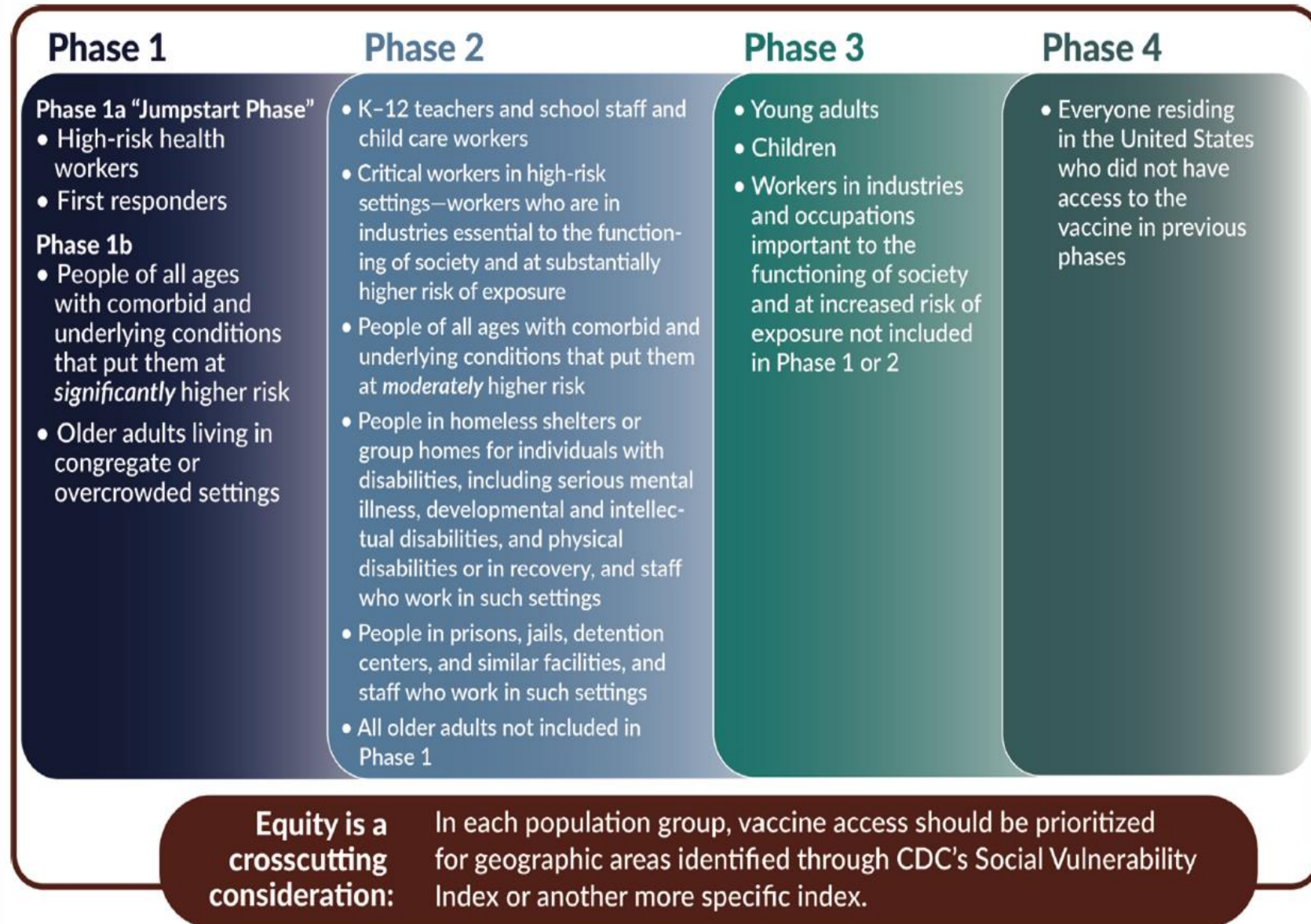
*Planning should consider that there may be initial age restrictions for vaccine products.

**See Section 4: Critical Populations for information on Phase 1 subset and other critical population groups.

VACCINE PRIORITY GROUPS

(SECTION V, PG. 30)

National Academies of Science, Engineering and Medicine Priority Group Recommendations



COVID-19 Vaccine Priority Groups

The Advisory Committee on Immunization Practices (ACIP) has not yet published the final list of COVID-19 Vaccine Priority Groups.

During the September 22nd Meeting, the ACIP provided the following possible groups for Phase 1:

- ❑ Phase 1a: Healthcare personnel (~20 million)

- ❑ Phase 1b:
 - ❑ Essential Workers (not HCP) (~60 mill)
 - ❑ High Risk Medical Conditions (>100 mill)
 - ❑ Adults >65 yo (~53 mill)

COVID-19 Vaccine Priority Groups - Data Collection Effort

In anticipation of likely priority groups, VDH has begun collecting data on the numbers and locations of persons in the following groups:

- Hospitals
- Nursing Homes and Assisted Living Facilities
- Correctional Facilities
- Behavioral Health inpatient facilities
- Public Health and First Responder agencies
- Outpatient Centers and Free-Standing Emergency Departments
- Critical Infrastructure
- Schools (K-12, Colleges and Universities, Institutes of Higher Education
- State and Local Government agencies

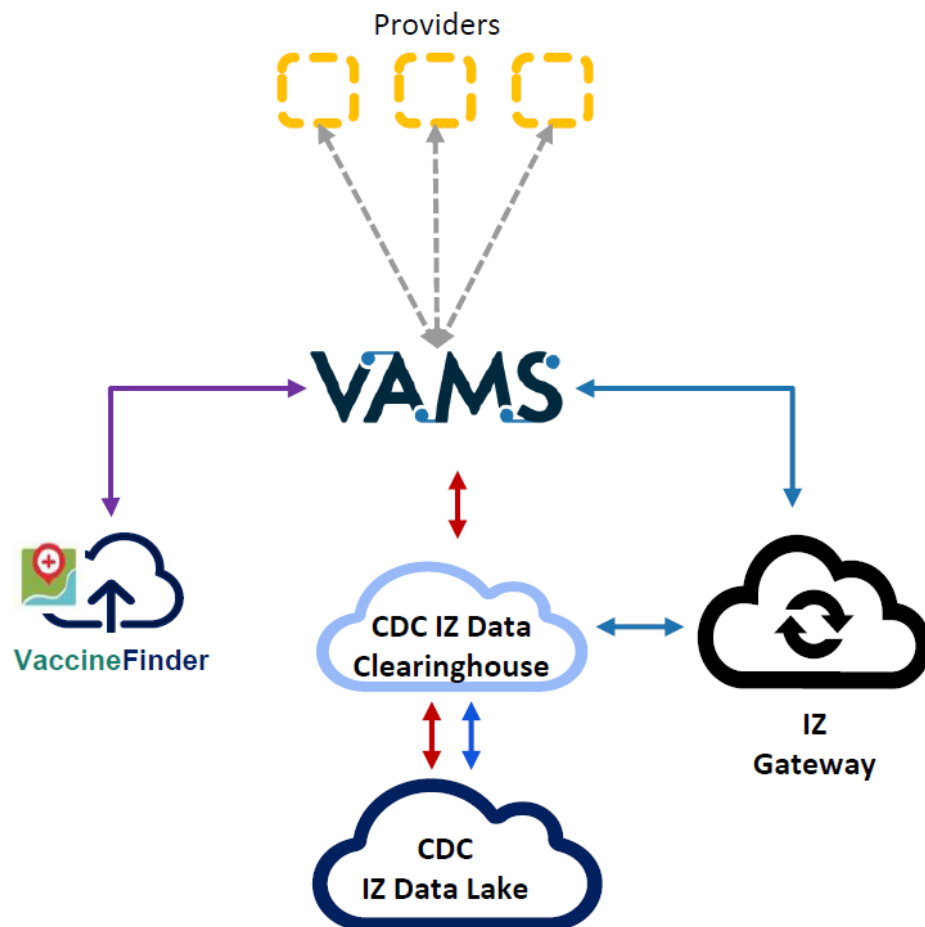
VACCINE INFORMATION SYSTEMS AND REPORTING

(SECTION IV, PG 26)

Vaccine Administration Management System (VAMS)

Functionality:

- Jurisdictions manage mass vaccination clinics.
- Clinics manage patient administration workflow.
- Patients schedule appointments for vaccinations.
- Clinics send appointment reminders to vaccine recipients.
- Clinics will order vaccine and manage inventory.



Red – Administration data (contingency/as needed)
Blue – Administration data (preferred)
Purple – Inventory/Supply data

VIIS Onboarding Documents

VDH has already begun contacting providers to share information about immunization information systems (IIS) and how to access them



What is Immunization?

Since 2006, the Virginia Department of Health's Division of Immunization has implemented a state immunization registry for the public and private sectors statewide. This system is known as the Virginia Immunization Information System (VIIS). VIIS is a secure, confidential, computerized database which contains vaccine information for individuals of all ages. VIIS works with various organizations and has participation from private providers, hospitals, free clinics, health plans, pharmacies and more. VIIS is updated daily with immunization data from vital records and local health departments.

Virginia Immunization Information System

Thank you for your interest in the Virginia Immunization Information System – VIIS. The Division of Immunization mission is to reduce morbidity and mortality associated with vaccine-preventable diseases. Utilizing VIIS will contribute greatly to our mission as Virginia pushes forward to increase our vaccine coverage rates and preventing diseases – one immunization at a time.

What is VIIS? In August 2006, the Virginia Department of Health's Division of Immunization (VDH/DOI) implemented a free web-based immunization registry for public and private sectors statewide. VIIS is a secure, confidential, computerized database which contains vaccine information from participating facilities for individuals of all ages.

Who partners with VIIS? VIIS works with various organizations and has participation from private providers, hospitals, free clinics, health plans, pharmacies and more. VIIS is updated daily with immunization data from vital records and local health departments.

Want Access? If you desire to have access to VIIS, there are a couple things to consider...

1. Has your facility previously had access to VIIS? If yes, or if you are not sure, please call our VIIS Help Desk for further assistance at 866-375-9795 to avoid duplicating registrations and VIIS accounts.
2. Is your facility affiliated with a health system? If yes, please call our VIIS Help Desk for further assistance at 866-375-9795.

Getting Access! If your facility has NOT had access to VIIS previously, please refer to steps outlined below. (System requirements include internet access and Adobe Reader.)

- Complete VIIS registration @ <https://apps.vdh.virginia.gov/verip/home.aspx> Click "New to VERIP". A valid medical license is required for this process (MD, NP, RN, LPN, etc.)
- Registration is reviewed for approval to obtain access.
- Your regional VIIS Field Trainer will contact you to discuss registration and schedule training.

VIIS Field Trainers

Reena Patel - West Central Region
Reena.Patel@vdh.virginia.gov
Casey Barham - South East Region
Casey.Barham@vdh.virginia.gov
Theresa Woodyard - Northern Virginia Region
Theresa.Woodyard@vdh.virginia.gov
Kimberly Jones - South West Region
Kimberly.Jones@vdh.virginia.gov
Sateria Jeffries - South Central Region
Sateria.Jeffries@vdh.virginia.gov

VIIS Regions



VIIS Help Desk

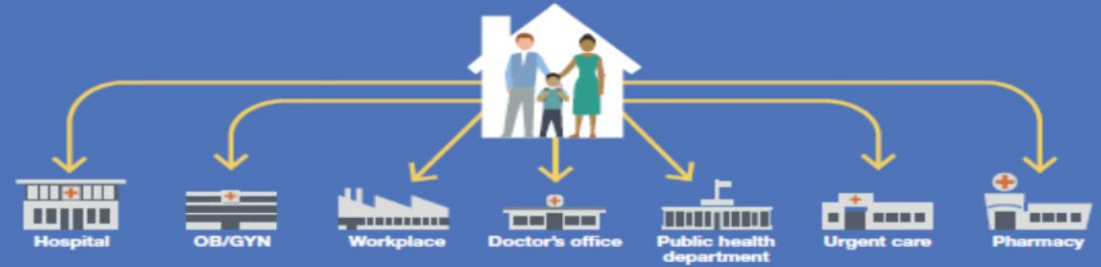
866-375-9795

VIIS_Helpdesk@vdh.virginia.gov



Basics of Immunization Information Systems (IISs)

People receive vaccinations from a variety of places



These sources send vaccination records to state or city IIS



IISs provide records to patients and authorized professionals



Parents and general public use the information to enroll children in schools and day care and to determine if they need vaccinations.

Doctors and health care providers use IISs to determine which vaccinations are needed and to care for patients.

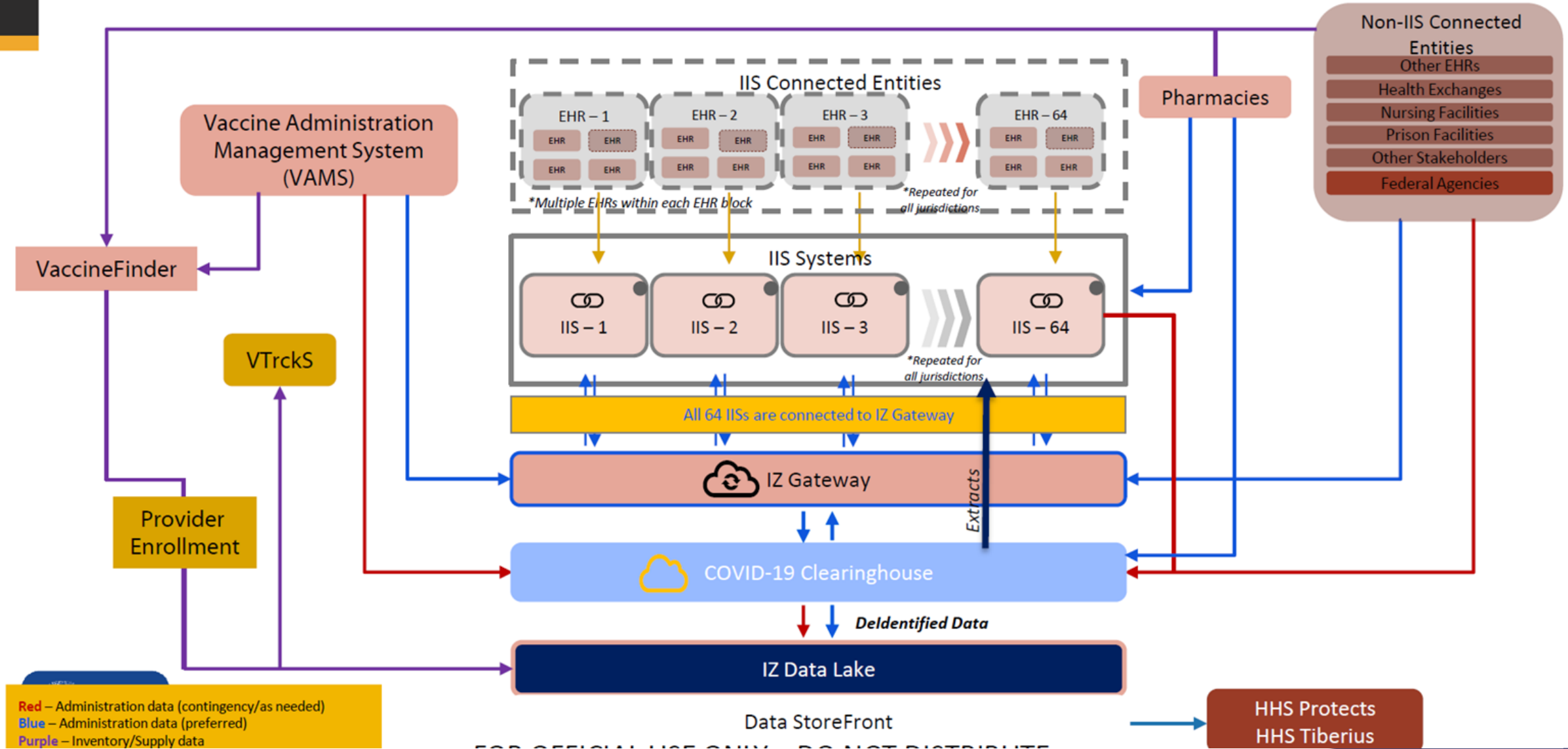
Public health uses the information to develop programs that increase vaccination coverage and decrease the harm caused by vaccine-preventable diseases.

Distributed by:



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

COVID-19 Vaccine Data Architecture



VACCINE DISTRIBUTION AND ORDERING

(SECTION IX, PG. 42)

Vaccine Distribution

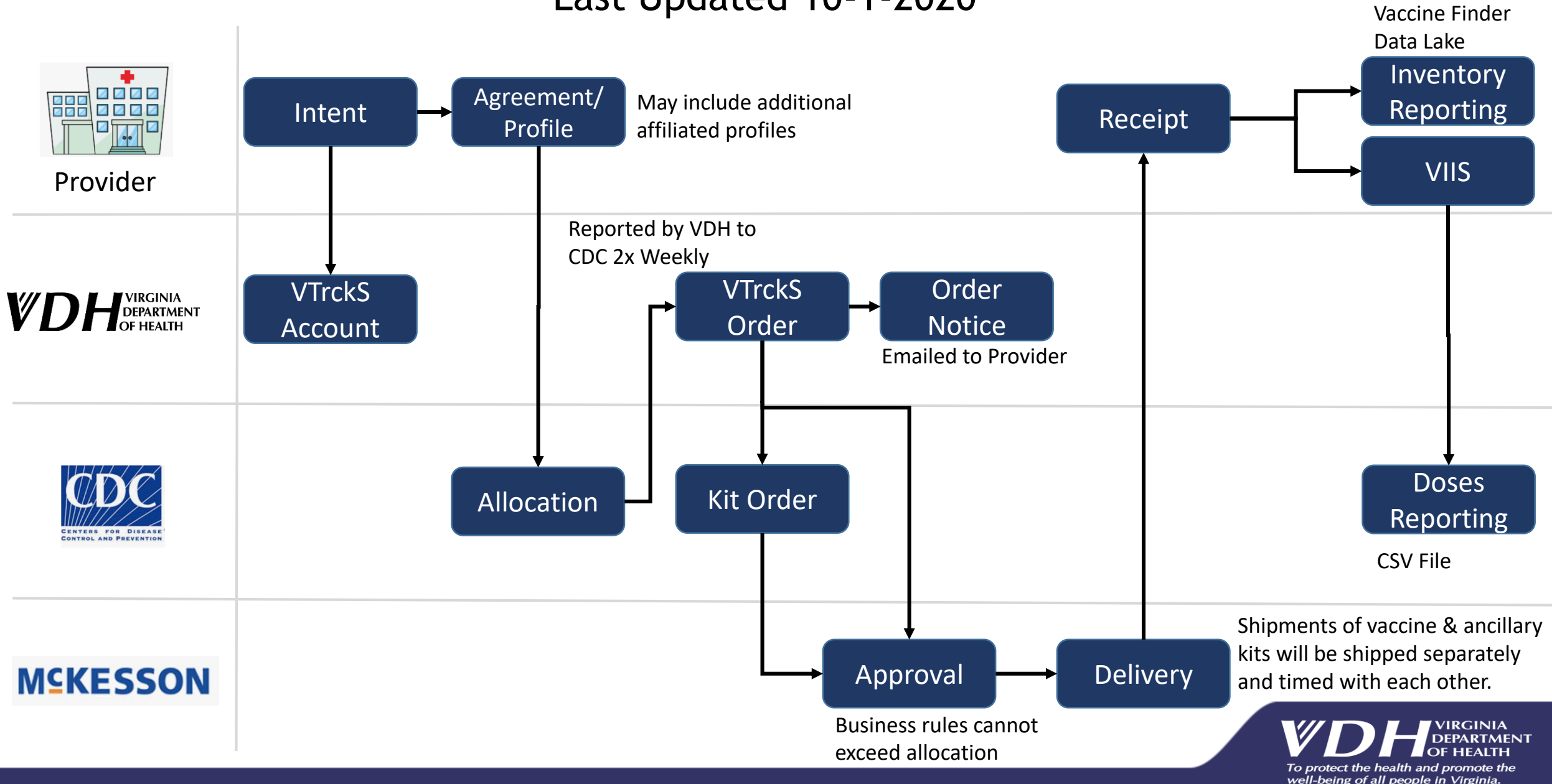
Vaccine distribution and ordering may change from phase to phase.

Most vaccine will be allocated from the federal government through the Division of Immunization and distributed directly to providers.

CDC will coordinate allocation and distribution directly with pharmacies in the second phase and may also in the first phase to vaccinate LTCF residents and staff.

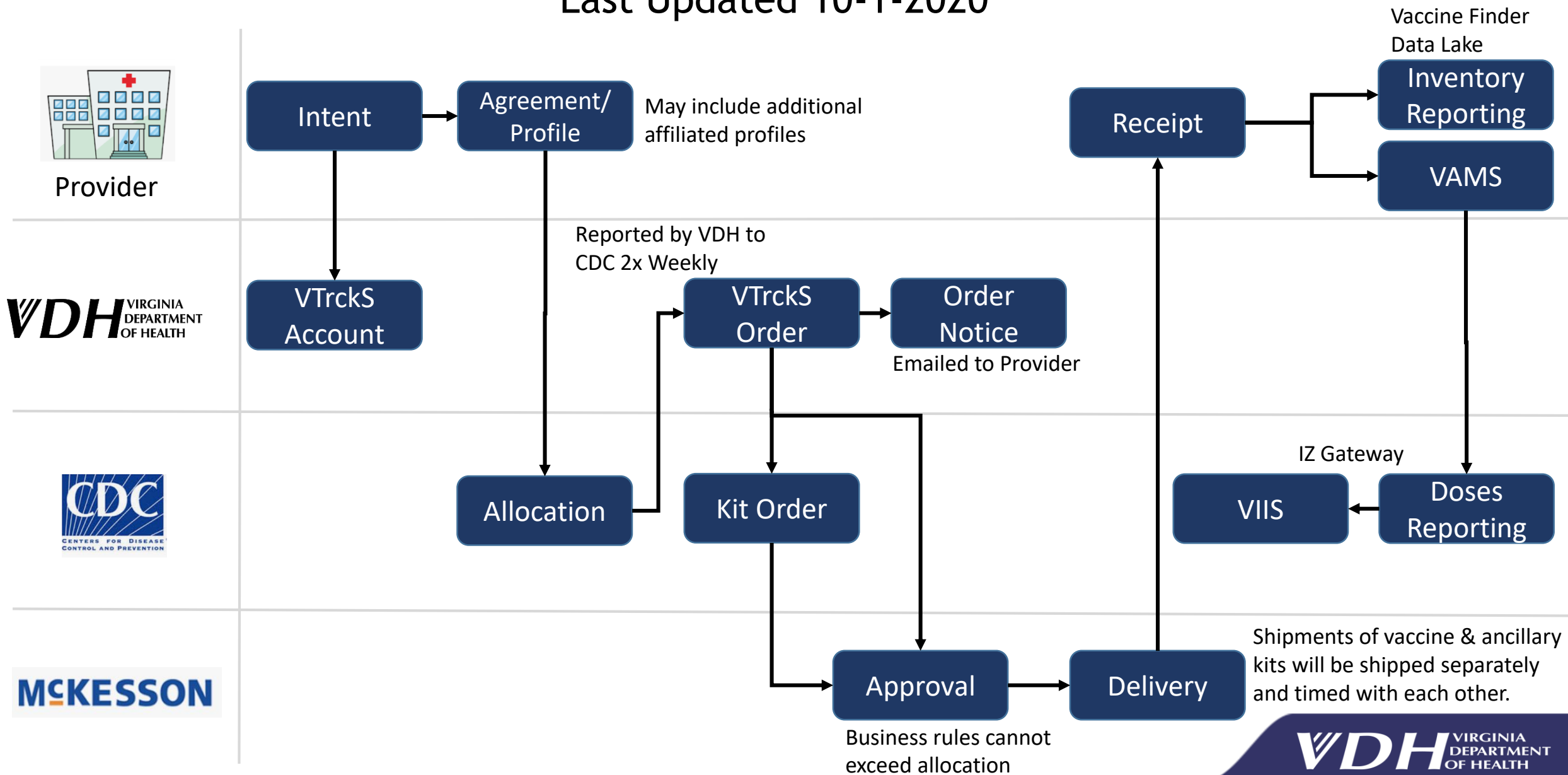
Virginia COVID-19 Vaccine Ordering Process using VIIS - Phase I (Nov - Dec 2020)

Last Updated 10-1-2020



Virginia COVID-19 Vaccine Ordering Process using VAMS - Phase I (Nov - Dec 2020)

Last Updated 10-1-2020



WORKFORCE READINESS AND PROVIDER OUTREACH

(SECTION VI, PG. 32)

Public Readiness and Emergency Preparedness (PREP) Act

Third Amendment - *August 19, 2020*

- HHS Declaration under the Public Readiness and Emergency Preparedness (PREP) Act Authorizing Pharmacists (and Pharmacy Interns) to Order and Administer Vaccines to Patients Aged Three through Eighteen Years during the COVID-19 Health Emergency

HHS Updated Guidance - *September 3, 2020*

- HHS Declaration guidance Authorizing Pharmacists (and Pharmacy Interns) to order and administer COVID-19 Vaccines to Patients Aged Three Years or Older during the COVID-19 Health Emergency provided that the COVID-19 vaccines has been authorized or licensed by the FDA

Board of Pharmacy Emergency Regulation - *September 22, 2020*

- [18VAC110-20-271](#) requires pharmacists to report the administration of these vaccines to the Virginia Immunization Information System (VIIS)

Code Review

§ 54.1-3408. Professional use by practitioners

Section I.

A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a **pharmacist, nurse, or designated emergency medical services provider** who holds an advanced life support certificate issued by the Commissioner of Health under the direction of an operational medical director when the prescriber is not physically present. The emergency medical services provider shall provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

Section P.

In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to [§ 32.1-42.1](#) when (i) the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and supervision of the State Health Commissioner.

Section U.

Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber may authorize the administration of controlled substances by personnel who have been properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such administration

More Code Review

§ 32.1-42.1. Administration and dispensing of necessary drugs and devices during a declared disaster or state of emergency.

The Commissioner, pursuant to [§ 54.1-3408](#), may authorize persons who are not authorized by law to administer or dispense drugs or devices to administer or dispense all necessary drugs or devices in accordance with protocols established by the Commissioner when (i) the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control and supervision of the Commissioner. For purposes of this section, "administer," "device," "dispense," and "drug" shall have the same meaning as provided in [§ 54.1-3401](#). The Commissioner shall develop protocols, in consultation with the Department of Health Professions, that address the required training of such persons and procedures for such persons to use in administering or dispensing drugs or devices.

§ 54.1-2901. Exceptions and exemptions generally

Section B.

Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in [§ 2.2-2001.4](#), while participating in a program established by the Department of Veterans Services pursuant to [§ 2.2-2001.4](#), may practice under the supervision of a licensed physician or podiatrist or the chief medical officer of an organization participating in such program, or his designee who is a licensee of the Board and supervising within his scope of practice.

Non-VDH Workforce Options

Identified Current Workforce	Role
Registered Nurse	MRC Volunteers, Nursing Students
LPN	MRC Volunteers
Pharmacists	MRC Volunteers, Central Office Pharmacists will serve as preceptor for Pharmacy Students
MD or DO	MRC Volunteers
PA	MRC Volunteers
EMS Providers	EMS Agency Vaccinators or augment LHD operations
Additional Potential Immunizers	Considerations
Pharmacy Students	Pending MOU with VCU School of Pharmacy; Ability to expand to other schools of pharmacies
Medical Students	Pending template MOU, schools have expressed an interest
Medical Assistants	Unlicensed and verification of competency needed
Military Medical Personnel	DOD coordination and verification of competency needed
Dentists	Training and verification of competency needed
Veterinarians	Training and verification of competency needed
Retired Healthcare Professional	Can apply for license reinstatement
Out of State Licenses not covered by the Nursing Compact	Amendment to EO 57, which currently allows out of state providers to support hospitals

Medical Reserve Corp (MRC) Capacity

17,577 Total
Approved Volunteers

22 Virginia
MRC Units



Deployable Volunteers



6,333
Medical

+



5,893
Support

=



12,226
Deployable

VACCINE SAFETY MONITORING

(SECTION XV, PG 55)

Current vaccine safety monitoring systems

- Vaccine Adverse Event Reporting System (VAERS)
 - CDC/FDA partnership, population-wide surveillance
 - Provider, patient, public health self-reports
 - Monitors for adverse events (serious [including deaths] and non-serious)
- Vaccine Safety Data Link (VSD)
 - CDC/healthcare organizations partnership
 - Uses data from electronic medical records from nine healthcare organizations to identify vaccine safety issues

Current vaccine safety monitoring systems

- Clinical Immunization Safety Assessment (CISA) Project
 - Seven medical research centers partnered with CDC
 - Conducts clinical case reviews, evaluates vaccine safety issues, and participates in the evaluation of vaccine safety during a pandemic response where vaccine is utilized
- FDA Monitoring via Centers for Medicare/Medicaid Services (CMS) and insurer/payer databases
 - Evaluates vaccine safety using CMS and private insurance data
 - Coordination with Biologics Effectiveness and Safety (BEST) System to help monitor vaccine safety

Enhanced vaccine safety monitoring

- Vaccine safety assessment for essential workers (V-SAFE)
 - Will monitor recipients of the COVID-19 vaccine who are vaccinated in the earliest rounds of mass vaccination
 - V-SAFE program will use contact information collected by vaccine recipients in the vaccination registration process to conduct health checks via text message and/or e-mail for six weeks after receipt of vaccination
 - If adverse effects are reported, staff from the VAERS program will follow-up and gather additional information.

Enhanced vaccine safety monitoring

- National Healthcare Safety Network (NHSN) reporting
 - Data on vaccine adverse events will be reported by long term care facilities that report other pandemic/healthcare data to CDC using NHSN
 - Target population is both frontline medical staff and residents

VIRGINIA'S COVID-19 VACCINATION PLAN Q&A

PLANNING ASSUMPTIONS AND ORGANIZATION (SECTION I, PG. 6)

JONATHAN KISER, STATE PLANNING AND SNS COORDINATOR

VACCINE CAMPAIGN STRATEGY (SECTION III, PG. 22) &

VACCINE PRIORITY GROUPS (SECTION V, PG. 30)

MIKE MAGNER, CENTRAL REGION EMERGENCY COORDINATOR

VACCINE INFORMATION SYSTEMS AND REPORTING (SECTION IV, PG 26) &

VACCINE DISTRIBUTION AND ORDERING (SECTION IX, PG. 42)

CHRISTY GRAY, DIRECTOR, DIVISION OF IMMUNIZATION

WORKFORCE READINESS AND PROVIDER OUTREACH (SECTION VI, PG. 32)

STEPHANIE WHEAWILL, DIVISION OF PHARMACY SERVICES DIRECTOR

VACCINE SAFETY MONITORING (SECTION XV, PG 55)

MARSHALL VOGT, SENIOR EPIDEMIOLOGIST



During lunch, please share your answer to the following question in the chat:

What is your top takeaway or unanswered question from the morning session?

LUNCH BREAK

PLEASE RETURN AT 12:15

Outline of Today

Topics	Content	Presenter
Welcome & Overview	<ul style="list-style-type: none">• Opening Remarks	Dr. Peake, Curtis Brown, Dr. Underwood
COVID-19 Vaccine Candidates	<ul style="list-style-type: none">• Insights on leading vaccine candidates	Christy Gray & Marshall Vogt
Health Equity	<ul style="list-style-type: none">• Health Equity applications to vaccinations• Building Trust for Vaccinations• Vaccination considerations for Virginians with Disabilities	Sable K Nelson, Dr. Robert Winn, Teri Morgan
Virginia's COVID-19 Vaccination Plan	<ul style="list-style-type: none">• High-level overview of key elements of the plan	Jonathan Kiser, Mike Magner, Marshall Vogt, Stephanie Wheawill, Christy Gray
Partner Agency Roles & Responsibilities	<ul style="list-style-type: none">• Overview of inter-agency coordination	Bob Mauskapf
Vaccine Advisory Workgroup	<ul style="list-style-type: none">• Overview of the purpose, stakeholders, and progress to-date	Christy Gray & Stephanie Wheawill
Next Steps & Closing Comments	<ul style="list-style-type: none">• Next Steps• Closing Remarks	Bob Mauskapf Dr. Oliver

Breaks, including 30 minutes for lunch, will be provided throughout the day.

PARTNER AGENCY ROLES & RESPONSIBILITIES

BOB MAUSKAPF, DIRECTOR OF EMERGENCY PREPAREDNESS

(PG. 18-22)

Mission Analysis / METT T *



- Mission
 - Tasks
 - Specified
 - Implied
- Enemy
- Troops and Support
- Terrain
- Time

* Consider sub-tasking to subordinate entities / Analyze for “Implied” Tasks / ID additional tasks

Partner Agencies

- **Virginia Department of Emergency Management (VDEM)**
 - Coordinate Virginia Emergency Support Team (VEST) activities
 - Provide logistical support through Disaster Logistics
 - Provide GIS support to assist with identifying critical populations and facilities
 - Liaise with VDH Office of Communications to ensure consistent state-wide messaging and media campaign via the Joint Information Center (JIC)
 - Process requests for assistance from localities through Chief Regional Coordinators
- **Virginia State Police (VSP)**
 - Provide security and traffic control, as needed, to local PODs

Partner Agencies

- **Virginia Department of General Services (DGS)**
 - Provide facility space to store and distribute ancillary supplies, as needed
- **Virginia National Guard (VANG)**
 - Provide back-up security support to VSP, as needed
 - Provide transportation and communication assets, as needed
 - Provide non-medical support to points of dispensing (logistical support, equipment, staffing, etc.)
- **Virginia Department of Behavioral Health & Developmental Services (DBHDS)**
 - Plan for vaccination of behavioral health hospitals and facilities and other facilities regulated by DBHDS, in coordination with Local Health Districts.

Partner Agencies

- **Virginia Department of Medical Assistance Services (DMAS)**
 - Establish systems and procedures for reimbursement of healthcare providers administering vaccine, if needed
- **Virginia Department of Health Professions (DHP)**
 - Support VDH with communication to healthcare providers
 - Develop emergency regulations, as required
 - Ensure Board of Pharmacy, Board of Medicine, and other Boards are kept informed and regulations are adhered to
- **Virginia Department of Corrections (DOC)**
 - Plan for the vaccination of correctional facility staff and inmates (refer to Closed POD plan)

Partner Agencies

- **Virginia Department of Social Services (VDSS)**
 - Plan for vaccination of adult daycare, assisted living facilities, and other facilities regulated by VDSS, in coordination with Local Health Districts.
- **Virginia Department of Education (VDOE)**
 - Plan for vaccination of school staff and students, in coordination with Local Health Districts.
- **State Council of Higher Education for Virginia (SCHEV)**
 - Plan for vaccination in institutions of higher education, in coordination with Local Health Districts.

Partner Agencies

- **Private providers (hospitals, healthcare systems, nursing homes, doctors offices, pharmacies, etc.)**
 - Enroll intent to provide COVID-19 vaccine with VDH
 - Sign CDC COVID-19 Vaccination Program Provider Agreement
 - Complete CDC COVID-19 Vaccination Program Provider Profile Form
 - Complete any required training
 - Activate PODs to vaccinate target staff, residents, and/or patients
 - Administer vaccines to population once available
 - Leverage existing corporate relationships/partnerships to provide vaccination support to one another



PARTNER AGENCY ROLES & RESPONSIBILITIES Q&A

BOB MAUSKAPF, DIRECTOR OF EMERGENCY PREPAREDNESS

VACCINE ADVISORY WORKGROUP

STEPHANIE WHEAWILL, DIVISION OF PHARMACY SERVICES DIRECTOR
CHRISTY GRAY, DIRECTOR OF THE DIVISION OF IMMUNIZATION

Virginia Vaccine Advisory Workgroup

*The leaders serving on this workgroup bring valuable expertise from diverse sectors and provide perspective from varying points of view on actions and policies developed and implemented by VDH. Advancing health and wellbeing for all Virginians through the COVID-19 pandemic requires broad, multi-sector engagement to support policy, environmental, programmatic and infrastructure changes that lead to COVID-19 vaccines that are **accessible, affordable and equitably distributed to all Virginians.***

☐ Charter and Meeting Cadence

- Meets every 2-3 weeks with sub-workgroup meetings in between
- Agenda with sub-workgroup notes distributed 5 days prior to meeting
- Minutes sent following meetings

☐ Member Listing - 85 members

☐ Tentative Timeline and Responsibility

Virginia Vaccine Advisory Membership/Representation

Adult Living Facilities

- LeadingAge Virginia
- Virginia Assisted Living Association (VALA)
- Virginia Center for Assisted Living

Businesses

- Commerce and Trade

Clinical and Community Organizations with Focus on Health Equity

- Department of Social Services Olde Towne Medical and Dental Center
- Health Brigade
- Institute for Public Health Innovation
- The Arc of Northern Virginia
- Tribes
- United Network for Organ Sharing (UNOS)
- Virginia Association of Free & Charitable Clinics (VAFCC)
- Virginia Association of Community Service Boards
- Virginia Coalition of Immigrant Rights
- Virginia Coalition of Latino Organizations
- Virginia Latino Leaders Council

Correctional Facilities

- Virginia Association of Regional Jails
- Virginia Department of Corrections
- Virginia Sheriff's Association
- Public Safety and Homeland Security
- Secretary of Public Safety

Education (K-12)

- Commonwealth Academy Private School
- Prince William Schools/VA Association of School Nurses (VASN)
- VA Department of Education

Education (Universities)

- Virginia Commonwealth University, School of Media and Culture
- George Mason University, School of Nursing
- Hampton University School of Nursing
- VCU School of Pharmacy

Government with Focus on Health Equity

- Board for People with Disabilities
- DBHDS Developmental Disabilities Section
- Department for the Deaf and Hard of Hearing
- Department of Emergency Management (VDEM)
- Department of Health Professions
- Department of Social Services (DSS)
- Secretary of Health and Human Resources
- VDH Health Districts
- VDH HIV Care Services, Family Health Services

Healthcare Coalitions

- American College of Physicians
- American Academy of Pediatrics (AAP)
- Immunize VA
- Medical Society of Virginia
- National Association of Chain Drug Stores (NACDS)
- National Community Pharmacists Association (NCPA)
- Virginia Pharmacists Association (VPhA)

Health Insurance Insurers and Plans

- Celebrate Healthcare
- VA Department of Medical Assistance Services (DMAS)

Hospitals

- Bon Secours
- INOVA Health System
- Riverside Health System
- UVA Medical System
- VCU Health Systems (VCUHS)
- Virginia Hospital and Healthcare Association (VHHA)

Pharmacy

- Rite Aid
- Walgreens

Pharmaceutical Wholesalers

- Healthcare Distribution Alliance

Religious

- Facts and Faith Fridays

Virginia Vaccine Advisory Workgroup

Vaccine Safety and Efficacy

- Review data from COVID-19 trials provided through the Food and Drug Administration and Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) regarding the safety and efficacy of COVID-19 vaccine candidates

Partnerships

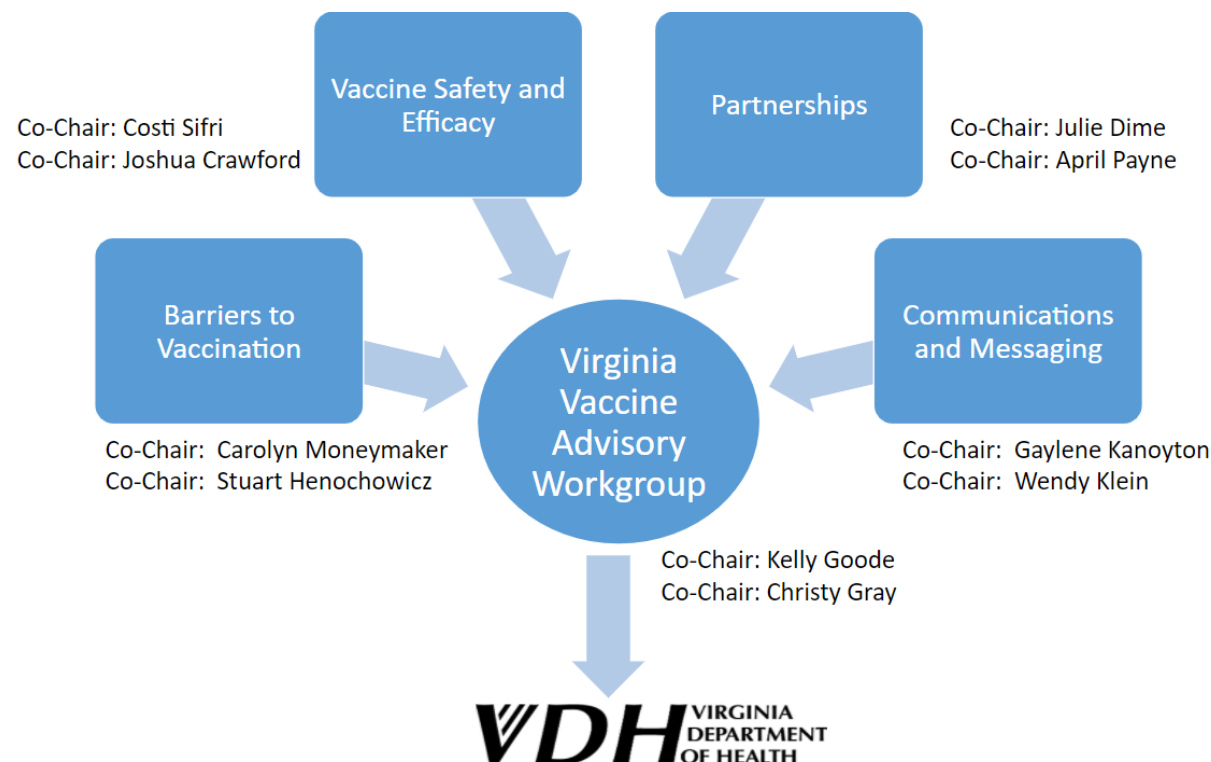
- Identify and help establish partnerships with trusted community organizations in order to facilitate communication channels, methods for rapidly disseminating information and ensuring that critical populations have access to the vaccination.
- Establish points of contact (POCs) for specific organizations within the community who may serve as partner and trusted sources within the community and critical population groups.

Barriers to Vaccination

- Identify strategies, needs and obstacles for public and private providers in order to assist in administering COVID-19 vaccine.
- Identify populations outside of CDC critical populations that need to be considered within Virginia.

Communication and Messaging

- Vet messaging of COVID-19 vaccine to the population, including identifying key audiences, effective communication activities, and messaging considerations such as risk/crisis response communication messaging and delivery.



Tentative Timeline for Vaccine Advisory Workgroup

[illegible]



VACCINE ADVISORY WORKGROUP Q&A

STEPHANIE WHEAWILL, DIVISION OF PHARMACY SERVICES DIRECTOR
CHRISTY GRAY, DIRECTOR OF THE DIVISION OF IMMUNIZATION

NEXT STEPS

- Before 10/14: Request that all review the draft Vaccination Plan and submit questions (see link in chat)
- 10/14: Conduct the Vaccinations Tabletop
- 10/16: Submit VDH Plan to CDC
- Oct/Nov: Outbriefs
- Potential for continued collaboration and expanded working sessions

CLOSING COMMENTS

DR. OLIVER, STATE HEALTH COMMISSIONER

VACCINATION SEMINAR SURVEY

